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HOSPITAL BUILDING NOTE

18

ADMINISTRATIVE DEPARTMENT

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Administrative Department

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| Amendments and additions to text are indicated by a vertical line in the margin.

An addendum to Appendix E of Hospital Building Note No. 2, *The Cost of Hospital Buildings,* which sets out cost recommendations for the Administrative Department is supplied with this Building Note.

I. Scope

1. This Building Note gives guidance on the design of the administrative offices for district general hospitals, varying in size from 300-800 beds and with related diagnostic and treatment facilities for out-patients.

2. The offices dealt with in this Note include those of the hospital secretary, the medical superintendent, the nursing administration, the domestic administration, the almoners' department, the medical records department, and also group headquarters and committee rooms, and staff and patients' libraries.

3. This Note also covers the visitors' and staff rooms directly related to the main entrance, and cloakroom accommodation for non-resident staff. The main entrance and waiting hall will be dealt with in a Building Note on Communications.

4. Offices excluded from this Note are catering offices (which are dealt with in Building Note No. 10 on 'Kitchens') and works department offices, chaplain's offices and the office accommodation (which are dealt with in other Building Notes) forming part of particular departments.

II. General considerations

5. The basic accommodation described in this Note is listed under the following four headings:

(*a*) General administration (including almoners' department and some non-residential staff facilities).

(*b*) Rooms related to the main entrance.

(*c*) Medical records department.

(*d*) Group headquarters.

6. These groups of accommodation will not necessarily be planned at the same time as they may be required at different stages of the development of a hospital. Group headquarters will not be required in every hospital.

7. Offices for the hospital secretary and his staff and the medical and nursing administration should be sited together to form an administrative centre for the hospital. This should be near the main entrance to the hospital, with easy access to all departments.

8. The almoners' offices should have easy access to the wards, and should be readily accessible to patients' relatives on visiting days. Ideally they should also be near the out-patient department. It may, however, be necessary to choose between siting them in the administrative centre or near the out-patient department. If they are not sited near the latter it may be useful to allocate a room(s) in or adjoining the clinic suites in the out-patient department for the use of the almoner in attendance at a particular clinic.

9. Psychiatric social workers usually work in the psychiatric unit of the hospital or in the out-patient department. Offices for them are mentioned in Building Note No. 5, on Short-stay Psychiatric Units. When they are working in the out-patient department they would either use a consulting room(s) during the clinic session or else they would use the rooms described as "Rooms for auxiliary and technical staff" in the additional accommodation mentioned in Building Note No. 12 on Out-patient Departments. If it is considered necessary to include offices for psychiatric social workers within the administrative centre, they can be provided as "Additional accommodation"—see paragraph 90 of this Note.

10. There should be a separate entrance for the domestic staff, porters and other ancillary workers, away from the main entrance to avoid unnecessary congestion. The domestic administrative offices and the non-resident staff changing rooms included in this Note should be near this entrance. The rooms relating to the main entrance are dealt with in this Building Note. The main entrance, main waiting spaces and the separate entrance referred to above will be dealt with in the Building Note on Communications.

11. The main medical records department should be adjacent to, or integrated with, the out-patient department, as a considerable part of its work relates to out-patients. Ancillary departments (pathology, x-ray, accident and emergency, physiotherapy departments, etc.) will normally have their own small stores for current records but other records should be kept centrally. Non-current records likely to be used infrequently might be kept in a secondary store (see Additional accommodation, paragraphs 104-106). Micro-filming of records as a means of trying to reduce the bulk of papers to be stored is not recommended.†

12. It is usual for the medical secretaries to be within the jurisdiction of the medical records

†H.M.(61)73 and Hospital O. & M. Service Report No. 2.

department, together with the clerical staff dealing with records, registrations, appointments, admissions, transport facilities, surgical appliances, etc.

13. The group headquarters should normally be included in the administrative centre of one hospital in the group, usually in the district general hospital. Consideration should be given to the extent to which some levels of staff and office equipment can usefully be shared for group and hospital administration. If exceptionally it would impose too great a demand on space within the hospital to have the group offices in any hospital in the group, offices for the group secretary, finance officer, supplies officer and their staff may be provided elsewhere. Even then, however, the committee rooms should be in one of the hospitals in the group; this allows these rooms to be used also for other purposes, such as lectures, and ensures that the committee members come into a hospital for their meetings.

14. There is a tendency towards centralising and pooling staff, especially in the clerical and typist grades, which may reduce the number of small offices required.

15. The recommendations in this Note on the size of offices for senior staff are based on considerations such as whether the rooms are likely to be used for interviews, meetings, etc.

16. The arrangement of rooms should take into considerations the increasing use of mechanical aids such as duplicating, printing and accounting machines.

17. It is unnecessary to provide changing rooms for office staff who can hang their coats and hats in their own offices. The basic accommodation in this Note provides for changing rooms for three categories of staff only:

(*a*) Medical staff—male and female.

(*b*) Non-resident nursing staff—male and female.

(*c*) Non-resident domestic staff and porters—male and female.

18. It is often suggested that there should be cloakroom accommodation near the main entrance where visitors can leave outdoor clothes, umbrellas, shopping baskets, etc., and so avoid having to take them to the wards. This has the disadvantage that there is no security against theft unless there is a cloakroom attendant on duty, which it is difficult to justify. Lavatory accommodation only has been provided for visitors in this Note.

19. The tables in the Appendix give examples of the basic accommodation for hospitals of varying size. The recommendations do not represent any attempt to lay down staffing ratios.

III. List of rooms

20. **A. Basic accommodation**

(*a*) *General administration*

- (i) Hospital secretary's office
- (ii) Office for hospital secretary's assistant
- (iii) Matron's office
- (iv) Deputy matron's office
- (v) Head almoner's office
- (vi) Engineer's office
- (vii) Domestic superintendent's office
- (viii) General offices:
  - (*a*) Assistants to above
  - (*b*) Secretaries, typists and clerks
- (ix) Waiting space (or rooms)
- (x) Interview room
- (xi) Additional office
- (xii) Committee room
- (xiii) Medical staff common room
- (xiv) Library
  - (*a*) Staff library
  - (*b*) Patients' library
  - (*c*) Bookstore
- (xv) Staff changing rooms
  - (*a*) Medical staff
  - (*b*) Non-resident nursing staff
  - (*c*) Non-resident domestic staff and porters
- (xvi) Sanitary facilities
- (xvii) Female staff rest room(s)
- (xviii) Non-resident nursing staff common room
- (xix) Stores
- (xx) Cleaners' room
- (xxi) Circulation space necessary for the above accommodation.

(*b*) *Rooms related to the main entrance*

- (i) Central inquiry counter
- (ii) Telephone exchange and apparatus room
- (iii) Telephonists' rest room
- (iv) Head porter's room
- (v) Porters' room
- (vi) Wheelchair and trolley store
- (vii) Postal sorting room
- (viii) Shop and store
- (ix) Public telephone booths
- (x) Sanitary facilities for visitors
- (xi) Circulation space necessary for the above accommodation.

(*c*) *Medical records*

- (i) Reception*
- (ii) Medical records officer's office

* See paragraph 64.

(iii) Records office and store for medical records
(iv) Reading room and diagnostic index room
(v) Admission room for in-patients
(vi) Sub-waiting space
(vii) Typists' office
(viii) Sanitary facilities
(ix) Circulation space necessary for the above accommodation

(*d*) *Group headquarters*

(i) Group secretary's office
(ii) Deputy secretary's office
(iii) Finance officer's office
(iv) Supplies officer's office
(v) Group engineer's office
(vi) Offices for senior assistants
(vii) Office(s) for clerical staff, typists and personal secretaries (including general offices for engineers, salaries and wages, audit and accounts, stores accounts and costing, supplies)
(viii) Waiting space
(ix) Committee room
(x) Ante-room
(xi) Duplicating room
(xii) Stores:
(*a*) Stationery store
(*b*) Records store
(*c*) Sample supply store
(xiii) Sanitary facilities
(xiv) Circulation space necessary for the above accommodation.

Functional unit

21. The functional unit for each of the groups of basic accommodation in this Note and the related Cost Note (supplied herewith as an addendum to Appendix E of Building Note No. 2) is based on the number of points of the Group or hospital, as appropriate, determined in accordance with the Appendix to A.C. Circular No. 96. The points are linked to the number of in-patient beds, out-patient attendances, and other services.

22. **B. Additional accommodation**

(*a*) Offices
(*b*) Student almoners' room(s)
(*c*) Non-resident matron's sitting room
(*d*) Medical superintendent's or resident medical officer's room
(*e*) Senior medical staff common room
(*f*) Bank
(*g*) Post office facilities
(*h*) Barbers' shop
(*i*) Hairdressers' shop
(*j*) Tea pantry(s)
(*k*) Male staff rest room
(*l*) Room for volunteer workers
(*m*) Duplicating room
(*n*) Secondary storage for non-current medical records
(*o*) Room for training domestic staff and servicing equipment
(*p*) Domestic forewoman's store
(*q*) Finance machine room (wages machines and power equipment)
(*r*) Printing machine room
(*s*) Strong room
(*t*) Cleaners' room
(*u*) Staff changing and sanitary facilities

IV. Description of rooms

23. The recommended areas for rooms in the basic accommodation are given in tables 1, 2, 3 and 4 in the Appendix.

A. Basic accommodation

(*a*) *General administration*

(i) (iii) (v) (vi) (vii)
Offices for hospital secretary, matron, head almoner, engineer, domestic superintendent

24. These should all be rooms of about 180 square feet. They will frequently be used for interviews and sometimes for small staff meetings. The hospital safe may be kept in the hospital secretary's room or in a cupboard just off this room. The domestic superintendent's room should be near the staff entrance.

(ii) (iv)
Hospital secretary's assistant and deputy matron's rooms

25. The deputy matron, and where it is appropriate for him to have a separate room, the senior assistant to the hospital secretary will require rooms of about 150 square feet.

(viii) *General offices.*

(*a*) *Assistants to above*

26. Assistant matrons, almoners, engineers and assistant domestic superintendents will require rooms with an area of between 100 and 120 square feet per person. Each almoner will require her own office. Assistant matrons may share an office but

it is generally inadvisable for more than two to share one office as they have to interview staff.

(*b*) *Secretaries, typists and clerks*

27. An area of 60 square feet should be allocated for each typist and clerk. This allows for the normal amount of office furniture to be included within the room; in certain cases where an unusual amount of furniture is required (for example almoners' clerks require filing cabinets to store the almoners' records), the area per person should be increased. Some of the personal secretaries may require individual offices rather than being in a general office: where this is considered necessary it is recommended that the minimum sized office should be 100 square feet. It is usual for personal secretaries' rooms to adjoin those of the officers for whom they work, with communicating doors between.

(ix) *Waiting space (or rooms)*

28. Various small waiting spaces should be provided for members of the staff, patients, relatives, etc., and for professional and business visitors who require interviews with the hospital secretary, matron or almoners or have to attend meetings in the committee rooms. Some of these waiting areas, which may be either bays off a corridor or separate rooms, can be shared when the rooms they serve are close together. It is recommended that no waiting bay or room should be less than 100 square feet. It is sometimes considered necessary for the waiting space near the matron's and domestic superintendent's offices to be enclosed.

(x) *Interview room*

29. There should be at least one interview room where relatives of patients who are seriously ill or have died can be interviewed by medical or other staff, including chaplains. This room should have a table, comfortable chairs and a small number of lockers to hold dead patients' personal effects. A minimum area of about 120 square feet is recommended.

(xi) *Additional office*

30. A room is required for officers who may be working temporarily at the hospital (for example, work study officers). There may be several people working here together and an area of 180 square feet is recommended. This room might well be adjacent to the committee room(s) so that it could also be used as a members' room, a sub-committee room or as a waiting room. Some fitted shelves or cupboards should be provided for the use of the temporary staff.

(xii) *Committee room*

31. This is required for meetings of committees and professional bodies concerned with the hospital. It should be designed and furnished so that it can be used as a lecture room with projection apparatus. In the smaller hospitals a committee room of at least 400 square feet should be provided. In hospitals in which the committee rooms for the group headquarters are to be provided, two interconnecting committee rooms are recommended, to serve both group and hospital needs, one of about 600 square feet and the other about 200 square feet. In addition it may be useful to have another small room for sub-committee meetings or for use as a members' room or as a waiting room for candidates. This could be the additional office referred to in (xi) above. For large hospitals which do not include the group headquarters, one large committee room of about 600 square feet is recommended; this should be capable of division by a sound proof screen into two sections, one twice the size of the other.

(xiii) *Medical staff common room*

32. This should be furnished with comfortable chairs, tables and writing desks.

(xiv) *Library*

33. The staff library and the patients' library should, where possible, be planned so that the librarian(s) can serve both. Preferably the library should be near the ward block, adjacent to the main lifts, as it will be used by ambulant patients as well as by the librarians.

(*a*) *Staff library*

34. Although this will probably be used mainly by the medical staff, it should be open to nursing staff and other professional and administrative staff as well. In addition to book shelves, there should be chairs and tables with reading lamps so that the room can be used for study.

(*b*) *Patients' library*

35. This library might serve other hospitals in the vicinity. It should have shelves for books and magazines. Space is needed for a desk and chair for the librarian and for library records. For calculating the amount of shelving required it can be assumed that there will be at least three books and sometimes more, per hospital bed. Fifty books will on average take up one foot run of shelving on each of five shelves; this means that a 300 bed hospital will have at least 900 books and these will require 18 feet of shelving on each of five shelf tiers. There should be a clear floor area of 7 feet in front of the shelves, to allow for movement of trolleys. The tiers of shelves should preferably be only five shelves high and the bottom shelf should be at least 1 foot 6 inches from the floor: this will enable ambulant patients to reach the books easily.

(*c*) *Bookstore*

36. This is needed for sacks of books withdrawn from circulation and awaiting collection as salvage, and for storing trolleys. A table or worktop for repairing books is needed and possibly a small sink.

(xv) *Staff changing rooms*

37. Security of staff belongings is an important consideration when planning changing rooms.

Individual full-length lockers, for which the staff will have their own keys, are preferable to open hanging-racks or lockers which require control by a full-time supervisor. Each locker should contain a shoe rail and a place for shopping baskets.

38. For hygienic reasons and to facilitate the drying of outdoor clothes it is preferable for lockers to be constructed of wire mesh or grilles, rather than as completely enclosed units and for the heating system to take the form of heating coils or hot air convectors in suitable positions rather than radiators. Special drying rooms should not be necessary.

39. The changing rooms should provide a minimum of 8 square feet of floor space per person. Gangways between lockers should be at least 5 feet 6 inches when lockers with seats are provided, and 2 feet 6 inches between seat and locker when seats are placed between lockers.

40. The following categories of staff should be provided with changing rooms, for men and women separately:

(*a*) *Medical staff*

41. The changing rooms for the medical staff should be near the medical staff common room. They should contain individual lockers: sanitary facilities should lead directly off the changing rooms.

(*b*) *Non-resident nursing staff*

42. Non-resident nurses will probably enter the building by the main entrance; the changing rooms should therefore be fairly near this entrance, though not necessarily on the same floor level. In some larger hospitals it may be desirable to provide an additional staff entrance for these nurses to avoid congestion at the main entrance, in which case the changing rooms should be near this staff entrance. The women's changing room for this group will probably need to be large because in most hospitals the number of non-resident and part-time female nurses is increasing; if desired, this room can be subdivided. The changing rooms should contain individual lockers, and sanitary facilities, including shower baths, should adjoin the cloakrooms.

(*c*) *Non-resident domestic staff and porters*

43. The changing rooms for these staff should be near the domestic staff entrance. They should contain individual lockers, with sanitary facilities including shower baths adjoining them.

(xvi) *Sanitary facilities*

44. In addition to the sanitary facilities adjoining the changing rooms it will be necessary to have sanitary accommodation associated with groups of offices, etc. These facilities should be in two groups only (one for each sex) rather than subdivided for different categories of staff.

45. It is recommended that lavatory provision should be made on the scale of one w.c., one urinal, and one wash basin for every 15 men and one w.c., and one wash basin for every 12 women. An incinerator should be provided in each group of women's lavatories.

46. Shower baths for the non-resident nurses, domestic staff and porters should be in the ratio of one to every fifteen workers.

(xvii) *Female staff rest room(s)*

47. Rest room facilities should be available for any members of the female staff who are feeling unwell and wish to lie down. In small hospitals one rest room may be enough but most hospitals should have at least two, one near the domestic staff changing room and the other near the non-resident nursing staff changing room. The female office staff could use the latter if necessary. The room should contain one or more beds or couches, a chair and a wash basin.

(xviii) *Non-resident nursing staff common room*

48. A common room should be provided for the non-resident nursing staff who may be working split duties and consequently have two or three hours in which they need somewhere to sit. This room could also be used by those waiting for transport. It could be sited near the nurses' changing room if it is possible to plan a room with a pleasant outlook in this area, or it could be grouped with the medical staff common room. The room should be furnished with comfortable chairs and tables and have facilities for making tea and coffee, for washing up and storing crockery.

(xix) *Stores*

49. With the growing tendency for increased centralisation there is less need for dispersed stores to be provided throughout the hospital. Most items will be received, stored and dispatched from the one centre but it is desirable that each department should be provided with a small amount of storage space, e.g. a stationery store in the administrative department, for immediate individual requirements.

(xx) *Cleaners' room*

50. Most of the departments in the hospital need a cleaners' room for storing equipment and materials, to save wasting the cleaners' time in walking to and from a main depot. The number of rooms required in each department depends on the layout of the hospital; for example, the cleaners should not have to carry equipment up and down stairs. This room should have a bucket sink with hot and cold running water, drainer, and space for mechanical cleaning equipment, cleaning utensils, etc. 50 square feet should suffice.

(xxi) *Circulation space necessary for the above accommodation*

51. Corridors should be at least 7 feet wide in the clear.

(*b*) *Rooms related to the main entrance*

(i) *Central inquiry counter*

52. The counter should be in a position near the main entrance where it will be clearly seen, as they

enter, by people making inquiries and leaving messages. The "In and Out" check-board for the doctors, mechanically linked to the main switchboard, is generally sited here. An area of about 60 square feet for each clerk or porter on duty should be allowed for the counter and working space behind. Near the counter it is useful to have a telephone booth for use by ambulance attendants and others.

(ii) *Telephone exchange and apparatus room*

53. In small hospitals it is usual to have this immediately adjacent to the inquiry counter. This facilitates the passing of messages and allows the person on duty at the inquiry counter to act as relief telephonist for short periods if necessary. In larger hospitals it is often preferable to place the exchange away from the main entrance, and in this case the staff "In and Out" check-board might possibly be sited here rather than at the central inquiry counter. The staff location system should be controlled from the exchange, and the central indicator for the fire alarm system should also be located there. The minimum areas recommended in the Appendix may need to be varied depending on the type of equipment installed and the number of switchboards. An apparatus room will be needed.

54. For details regarding equipment, etc. (See Engineering Section.)

(iii) *Telephonists' rest room*

55. The telephonists work on a shift system and have several short break periods during their hours of duty. It is important that they should be able to get away from the noise of the switchboard during these times, and for this purpose a small rest room is needed near the telephone exchange. There are rarely likely to be more than two people in this room at one time; 100 square feet should be adequate. The room should contain a couple of comfortable chairs, a small table and a gas ring or electric power point.

(iv) *Head porter's room*

56. A separate room with an area of 100 square feet should be provided for the head porter. It should contain chairs, a table or desk and a cupboard for files and records. It should be near the main entrance and the inquiry counter.

(v) *Porters' room*

57. This is the call-centre for pool porters; after completing any job they return to this point for their next task. The room should be provided with chairs and tables. In some hospitals it is preferred to site this room near the main entrance; in others it is deliberately kept away from this area. The important point is that the room should be in a central position in relation to the porters' pattern of journeys. The porters will serve most parts of the hospital from this one point, though it may be desirable to provide some accommodation for them also in the out-patient department.

(vi) *Wheelchair and trolley store*

58. Wheelchairs and trolleys should be available near the main entrance for anyone requiring them on arrival. This is in addition to the wheelchair and trolley stores required in other departments.

(vii) *Postal sorting room*

59. The mail for the hospital will be delivered, sorted and distributed to the various parts of the hospital from this room. It is convenient for the postmen who deliver the mail to have it near the main entrance. Individual hospitals will decide whether the resident staff's mail is distributed to their living quarters or whether they should collect it from a central point in the hospital. In any case letter racks and/or pigeon holes will be required in the postal sorting room for some members of the hospital staff. The patients' mail will also be sorted here before distribution to the wards. This room should be near the head porter's room for ease of supervision; the head porter's room can then also be used as an overflow room for the heavy delivery of letters and parcels at Christmas. It might be an advantage in the larger hospitals to consider making this room a full postal centre. (See Additional accommodation, paragraph 97.)

(viii) *Shop and store*

60. All hospitals should have a shop. The area required depends on the amount of trade and the stock carried, but a minimum of 100 square feet is recommended with additional space of about 100 square feet alongside for a combined store and working area. The store and working area will be used for loading the stock on to the trolleys which are taken round the wards and for parking the trolleys when not in use. As the shop will be used by patients and visitors, as well as by members of the staff, it should be near the main entrance and easily accessible from the wards.

(ix) *Public telephone booths*

61. Public telephone booths should be provided in or by the main waiting space.

(x) *Sanitary facilities for visitors*

62. There should be sanitary accommodation for male and female visitors near the main waiting space. This should include w.c's. and wash basins. In some hospitals these may also be used by staff.

(xi) *Circulation space necessary for the above accommodation*

63. Corridors should be at least 7 feet wide in the clear.

(*c*) *Medical records*

64. With the exception of the admission office for in-patients all these rooms should be planned with the out-patient department. The reception counter has also been described in Building Note No. 12 on the Out-patient Department, since it should be directly associated with that department. But it has been dealt with again here since, for purposes of

organisation, it forms part of the medical records department. The space recommendations and cost of the reception counter are included in the Cost Note issued with Building Note No. 12.

(i) *Reception*

65. The reception counter for the registration of out-patients, and for dealing with appointments and transport, should be in a prominent position near the out-patients' entrance. The counter should be designed for privacy, either with staggered individual positions or some form of screening. The counter may be at table height so that patients can sit on a chair: alternatively it is sometimes preferred to have the counter about 4 feet high, with a few stools for patients who need to sit down.

66. Each clerk should have at least 4 feet length of counter with adequate drawers and shelves. An area of about 60 square feet is recommended as a minimum working space for each clerk, allowing for filing cabinets, the master index, and circulation space. In the larger hospitals it may be convenient to divide the functions of the reception counter into separate areas, to avoid congestion. In this case there might be a reception counter at which all first inquiries are dealt with, including inquiries from people who are uncertain where to go; a registration counter; an appointments counter for making follow-up appointments; and either a transport counter or possibly a transport officer's room. (See Additional accommodation, paragraph 90.)

(ii) *Medical records officer's office*

67. The medical records officer is responsible for the records department; his work sometimes involves interviewing patients and having discussions with members of the medical staff and his own staff. An office of 120 square feet is recommended. This should be near the reception counter and the general records office.

(iii) *Records office and store for medical records*

68. The records office should have direct access to the reception counter area. This does not necessarily mean that they should be on the same floor level: one area could be immediately above the other provided that a suitable mechanical hoist is installed for transporting files.

69. The records office will be used for clerks to sort and prepare records and as the store for medical records. The area and layout of the room will depend on the number of clerks, the number of records stored and the system of storing, allowing for circulation. As a guide each clerk will require at least 12 square feet of table space. Filing on shelves is more economical in space and cost than filing in cabinets, as more files can be stored per foot of space and it is possible to carry the filing shelves higher. Also the gangway space does not need to provide for pulling out drawers. The following is a rough guide for calculating the amount of filing space required for clinical records. Shelves one foot clear in depth and one foot clear in height can store an average of 90 case notes per foot run, and as these shelves can be 6 feet high (i.e. 6 shelves high) an average of 540 case notes can be stored for every foot run of occupied floor space. If the shelves are higher than 6 feet some type of mobile step ladder must be provided. As a guide, a floor area of 55 square feet is desirable for 10,000 patients' records, allowing a gangway of 3 feet between the shelves; this does not include working space for the clerks. Shelves of these dimensions are not suitable for the storage of x-ray films. (See Secondary storage, paragraphs 105 and 106.)

70. HM(61)73, Preservation and Destruction of Hospital Records, sets out the statutory minimum periods for keeping different types of records. In many hospitals it is preferred to keep all or some medical records longer than the statutory minimum period of 6 years, for clinical or research requirements. A secondary storage room (see Additional accommodation, paragraphs 104-106) may be required for all records which are not referred to frequently.

71. Hospital O. and M. Service Report No. 2 gives both general and detailed advice on medical records.

(iv) *Reading room and diagnostic index room*

72. A reading room in which the medical staff can study records and statistics is required. The central diagnostic index should be here. An area of about 120 square feet is recommended. The room should be near the records office for ease of obtaining records.

(v) *Admission room for in-patients*

73. This is for the reception of booked patients on admission. Though the reception arrangements would normally be administered by the medical records department, the reception room itself should be near the hospital's main entrance. It should have an informal atmosphere and should be furnished with a desk or table for the reception clerk and some comfortable chairs for the patients and their escorts.

(vi) *Sub-waiting space*

74. A small waiting space or recess off the corridor should be located immediately adjacent to the admission room for in-patients.

(vii) *Typists' office*

75. Most of the work of the medical typists will be concerned with the clinical work of the out-patient department. It is usually convenient, therefore, to have their room near that department. An area of about 60 square feet is needed for each person; this should be increased if more than the normal amount of office furniture has to be included in the room. Some hospitals may require dictation cubicles adjacent to this room, where the medical staff can dictate to a shorthand typist or into a dictating machine; in other hospitals the shorthand typists go to the consulting suites when required or

the suites are provided with a dictating machine (see Abstracts of Efficiency Studies in the Hospital Service No. 10, 1961, Medical Secretarial Services). If dictating cubicles are provided they should each be about 30 square feet and treated as additional accommodation.

(viii) *Sanitary facilities*

76. Sanitary facilities for both sexes will be required. W.C's., urinals and wash basins should be provided on the same scale as recommended in (*a*) (xvi) above.

(ix) *Circulation space necessary for the above accommodation*

77. Corridors should be at least 7 feet wide in the clear.

(*d*) *Group headquarters*

(i) *Group secretary's office*

78. This room may be used for small meetings (6-8 people), discussion groups, press conferences, etc.

(ii) (iii) (iv) (v) *Offices for deputy secretary, finance officer, supplies officer and group engineer*

79. A separate room will be required for each. The finance officer will need either a safe off his room (probably in the records store—see (xii) (*b*) below) or a strong room. (See Additional accommodation.)

(vi) *Offices for senior assistants*

80. Some senior assistants (e.g. deputy finance officer, deputy supplies officer) may also require separate rooms, although it is generally preferable that they should work in the same office as their staff.

(vii) *Office(s) for clerical staff, typists and personal secretaries*

81. These include rooms for typists and personal secretaries, general offices for engineers, salaries and wages, audit and accounts, stores' accounts and costing, and supplies clerks, and any other rooms such as an additional office to be used by auditors.

82. An area of 60 square feet per person is recommended; this should be increased where an abnormal amount of furniture or storage facilities are needed in the room. In some instances the personal secretaries will require individual rooms; these should have a minimum area of 100 square feet and be adjacent to the rooms of the officers to whom they work.

(viii) *Waiting space*

83. A small waiting bay should be provided for visitors keeping appointments with group officials.

(ix) *Committee room*

84. A committee room will be required for use by the Hospital Management Committee and its Sub-Committees. It is economical and gives greater flexibility if this room is planned with the committee room referred to in General administration (see paragraph 31). The room should be designed to give a good degree of sound insulation.

(x) *Ante-room*

85. A small ante-room is required leading directly off the committee room. This can be used for candidates waiting for interview, for serving teas and light refreshments, and as a place for committee members to leave outdoor clothes.

(xi) *Duplicating room*

86. The area provided for this room should allow space for handling papers which are being assembled for circulation.

(xii) *Stores*

87. Most goods will be received in, stored in and dispatched from the hospital's central stores, but the following additional stores will be required:

(*a*) Stationery store—this can probably be a large cupboard off the general office.

(*b*) Records store—the finance department carry a considerable volume of records and a minimum area of 200 square feet is recommended. If a strong room is considered an unnecessary expense a built-in safe should be provided in this room.

(*c*) Sample supply store—the supplies section requires a store for samples which are kept in this department pending decisions on their use. Afterwards these samples should be stored in the hospital's central stores if they are to be retained for use.

(xiii) *Sanitary facilities*

88. Sanitary facilities for both sexes will be required. When the group headquarters are part of the administrative centre of the hospital no separate facilities will be needed. Separate sanitary facilities for committee members and other visitors to the group headquarters should not be necessary. W.C's., urinals and wash basins should be provided on the same scale as recommended in (*a*) (xvi) earlier.

(xiv) *Circulation space necessary for the above accommodation*

89. Corridors should be at least 7 feet wide in the clear.

B. Additional accommodation

(*a*) *Offices*

90. Further offices may be required for medical consultants, psychiatric social workers, administrative assistants or clerks in addition to those already mentioned (e.g. domestic superintendent's clerks; transport officer, engineering staff, etc.) or for sub-committees. An area of 100-120 square feet per person is recommended for senior staff. Rooms for junior staff should be assessed at 60 square feet per person with a minimum area of 100 square feet for any single office.

(*b*) *Student almoners' room(s)*

91. If there are student almoners at the hospital it may be necessary to provide a room of 180-250 square feet, depending on the number of students, for group teaching, and a room of about 100 square feet which can be used for practice interviews.

(*c*) *Non-resident matron's sitting room*

92. If the matron is non-resident she should have a sitting room for entertaining official visitors to the hospital and, if occasion arises, where she could sleep overnight. This room should be pleasantly appointed, comfortable and situated at a reasonable distance away from the wards and busy departments. An area of not less than 150 square feet is recommended and toilet accommodation consisting of a w.c., a wash basin and a shower cubicle should be provided adjacent to the room.

(*d*) *Medical superintendent's or resident medical officer's room*

93. A room may be needed for a medical superintendent or resident medical officer. This should be about 180 square feet and should be near the hospital secretary's office and the matron's office.

(*e*) *Senior medical staff common room*

94. In large hospitals a second medical staff common room may be required. This should be planned *en suite* with the main medical staff common room, with a sliding partition between to provide a large-sized room for conferences, lectures, etc. A minimum area of 250 square feet is recommended.

95. Where it is considered desirable to provide a "medical centre" at the hospital, where general practitioners and local authority medical officers may hold discussions with their hospital colleagues and use the staff library, it may also be necessary to enlarge the area of the medical staff common room and the staff library.

(*f*) *Bank*

96. In the larger hospitals it is often desirable to have banking facilities on the premises. A room of about 120 square feet should be adequate.

(*g*) *Post office facilities*

97. In large hospitals it may be desirable to have post office facilities for posting parcels, sending telegrams and making use of the Post Office Savings Bank, as well as the usual stamp issuing machines. These facilities might be combined with the shop or the postal sorting room, or an additional room may be provided for this purpose.

(*h*) *Barbers' shop*

98. A barbers' shop may be required for use by patients. Much of the hairdressing and shaving will be carried out on the ward, but some ambulant patients may prefer to go to a shop. This should be located near the lifts to the ward block. It should be equipped with shampoo basins, wall mirrors, etc.

(*i*) *Hairdressers' shop*

99. A hairdressers' shop may be required for female patients and nurses. In the past this shop has often been in the nurses' home and any hairdressing for patients has been done on the wards, using existing lavatory basins or mobile equipment. But with the increasing trend towards early ambulation it is often considered of therapeutic value to have a hairdressers' shop which can be used by patients. The shop should be near the wards. It should be equipped with shampoo basins (which may be of the continental type), hair drying machines and wall mirrors.

(*j*) *Tea pantry(s)*

100. A tea pantry may be required for preparing mid-morning and mid-afternoon refreshments for the staff in the administration offices and the medical staff in the common room. It should be planned near these rooms. About 60 square feet is recommended. Where group headquarters are detached from the hospital an additional tea pantry may be required.

(*k*) *Male staff rest room*

101. Where there are a considerable number of male nurses, porters, etc., it may be necessary to provide a rest room for male staff. The room should contain a bed or couch, a chair and a wash basin. It should be near the staff changing rooms.

(*l*) *Room for voluntary workers*

102. In the larger hospitals many jobs, such as running the patients' library, writing letters for patients, wheeling the "shop" trolley round the wards, etc., are undertaken by voluntary workers. It may be necessary to provide a room of about 120 square feet which can be used as an office and in which coats, shopping bags, etc., can be left.

(*m*) *Duplicating room*

103. In this Building Note a duplicating room is included only in the basic accommodation of the group headquarters: hospitals which do not include the group headquarters may also require a duplicating room for general administration purposes. The room should be adjacent to the general office for typists and clerks.

(*n*) *Secondary storage for medical records*

104. Additional storage for medical records will probably be required. This room could well be sited in a basement and used for records which will be used infrequently. For this purpose it is considered satisfactory to have shelving reaching from a few inches off the floor to the ceiling: mobile step ladders can be used.

105. Calculations for the filing space required for clinical records, on the assumption that the shelves can be up to a height of 6 feet only, have already been given (see paragraph 69). For calculating the amount of secondary storage required the height of the shelving should be taken as being as near the

ceiling as possible. These calculations do not apply to the space required for x-ray films.

106. The following calculation gives a guide to the amount of space required for filing x-ray films. A diagnostic x-ray room handles approximately 6,000 examinations per annum. About 100 x-ray envelopes can be stored per foot run of shelving 18 inches clear in depth by 15 inches clear in height, although some prefer the shelves to be only 15 inches deep, allowing the records to project 3 inches for easy handling. Thus 60 feet run of shelving is required per annum per diagnostic room. Allowing for 4 years secondary storage per x-ray room (i.e. for records between 2 and 6 years old) on 6 tiers of shelving (floor to ceiling) a 40 feet floor run of shelving will be required for each diagnostic room.

(*o*) *Room for training domestic staff and servicing equipment*

107. In large hospitals it is sometimes considered desirable to have a room where a group of 4 or 5 new members of the domestic staff can be taught the use of the various types of mechanical equipment. This room may also be used for servicing the mechanical equipment when necessary. An area of 200 square feet is recommended.

(*p*) *Domestic forewoman's store*

108. Exceptionally the domestic supervisor may require a small store, apart from the central hospital stores, where small replenishments of items such as soap, polish, etc., may be kept. An area of 20 square feet should be adequate and this room should preferably be near the domestic superintendent's office or the room for training domestic staff.

(*q*) *Finance machine room*

109. The finance department of some group headquarters may have its own accounting machine(s); if these are used a separate room should be provided as the machines are noisy. An area of about 50 square feet should be allowed for each machine and operator, and additional space will be required for any office furniture and circulation space: 3 feet clear should be allowed between each machine. The noise and vibrations caused by the machines should be taken into consideration when siting this room and the walls and ceilings should be covered with sound-absorbent material.

(*r*) *Printing machine room*

110. A printing machine may be required for use on a group or inter-group basis. The room where this machine is housed should have a stationery store adjacent.

(*s*) *Strong room*

111. It may be considered necessary to include a strong room for use by the Finance Officer. This should preferably be near his office.

(*t*) *Cleaners' room*

112. If the group headquarters is not in the hospital administrative centre a separate cleaners' room should be provided. This should be equipped with a bucket sink with hot and cold running water, drainer and space for mechanical cleaning equipment, cleaning utensils, etc. 50 square feet should suffice.

(*u*) *Staff changing and sanitary facilities*

113. The areas shown in the Appendix may need to be exceeded in some hospitals. Where the allowance of space per person and the ratio of sanitary facilities recommended in (a) (xv) and (a) (xvi) in Basic accommodation result in an area greater than that shown in the Appendix, the extra area should be counted as additional accommodation.

V. Engineering services

114. The engineering services should be so designed and installed to allow easy access for repair and maintenance although this may not be so important in administrative departments as it is in wards, operating theatres, etc.

115. Plant rooms and switch rooms should preferably have access from a corridor or from outside the building and they should be naturally ventilated.

116. The provision of meters for departmental costing purposes should be considered where these can be installed conveniently and inexpensively.

Mechanical services

Heating and ventilation

117. The administrative departments are usually served from the hospital's general central heating system. Heating will not normally be required in the offices at night or during week-ends except those occupied at those times (e.g. nursing administrative offices).

118. The conventional hot water radiator heating system which has low installation and maintenance costs is usually quite satisfactory, though there may be a preference for a convector system in offices and the use of thermostatically controlled fan-assisted convectors in waiting spaces etc. where there is likely to be a high rate of air change due to frequent opening of doors. Radiators or convectors should be placed below windows and against exposed walls to counteract cold air currents, with sufficient clear

space beneath to allow the use of floor cleaning machines. To facilitate the drying of clothes the heating in the changing rooms might take the form of suitably placed pipe coils or convectors connected to the hot water system.

119. If ceiling heating systems are used they should conform to the recommendations of the Medical Research Council's Environmental Research Unit which may be found in the "Guide to Current Practice" of the Institution of Heating and Ventilating Engineers.

120. The following recommended heating design temperatures and ventilation rates during occupation, based on an outside air temperature of 30°F, are generally satisfactory:

Accommodation	*Temperature*	*Air changes per hour*
Offices, committee rooms, common rooms, library, waiting spaces, interview room, telephone exchange, porters' rooms, inquiry and reception counters	65°F	2
Lavatories, changing rooms, cleaners' rooms, corridors and staircases	60°F	2
Entrance lobbies	60°F	3
Equipment stores	50°F	½

These temperatures can be reduced to save running costs when the accommodation is unoccupied.

121. Mechanical ventilation is not normally required, but simple fan extract may be necessary for the committee rooms. Internal rooms and internal lavatories must be adequately ventilated.

Hot and cold water and drinking water services

122. These are usually provided by a connection to the main services of the hospital. Spray taps are often more economical in water consumption and may be used as an alternative to the normal pillar taps for wash basins.

123. One drinking water tap connected directly to the mains should be placed near the wash basins.

Electrical installation

General

124. The electrical installation will include wiring and equipment for general and special lighting, socket outlets, heating, telephones and clocks, and staff location systems.

Supply and distribution

125. The electrical supply should be provided by separate main circuits from the main intake and distribution centre. Distribution boards should be centrally placed to minimise the length of circuit wiring, and housed in ventilated spaces, preferably accessible from corridors. The boards should be easily reached from a standing position and fitted with locks where necessary.

126. Space should be allowed for future additional units and there should be provision of some spare ways. H.R.C. fuses are recommended. Conduits and cables should generally be concealed, service ducts being used wherever practicable.

Artificial lighting

127. Lighting should follow standard modern practice. Fluorescent lighting may be preferred where high lighting intensities are required for long periods.

128. Recommended average values of illumination (3 feet above floor level) are as follows:

Accommodation	*Average lumens/sq. ft.*
Offices; committee rooms; central inquiry counter and reception counter ... ... Library, telephone exchange ...	20
Common rooms, telephone distribution frame rooms ...	15
Entrances and staircases ...	10
Waiting space, changing rooms Corridors, lavatories, cleaners' rooms, stairs	7*

*This figure may be increased where adjacent intensities are high.

129. In the records store lights should be switched locally so that gangways between storage racks can be illuminated separately. The lighting fittings should be placed so that they give glare-free lighting but are not liable to be struck and damaged by clerks using ladders to reach the top rows of files. Special lighting may be required over filing cabinets.

130. Corridor lighting fittings should be enclosed. The switch positions for staircase fittings should be carefully selected.

Mains voltage outlets

131. Sufficient 13 amp. universal-type switched, shuttered socket outlets on ring and spur circuits should be provided to allow each portable appliance which is likely to be used at the same time to be connected to a separate outlet. Reasonable provision should be made for future additional requirements

132. The provision of general purpose socket outlets should allow for the convenient use of cleaning machines having flexible leads assumed to be 30 feet long.

Electric clocks

133. Clocks should be provided in the committee rooms, telephone exchange, inquiry counter, main entrance, the head porter's room, the porters' duty room and in offices as required.

Telephones

134. Telephone requirements are usually met quite satisfactorily by the use of a Private Automatic Branch Exchange (P.A.B.X.3) system or the combination of Private Manual Branch Exchange and Private Automatic Exchange systems (P.M.B.X. and

P.A.X.). Brief notes on the systems available are as follows:

PABX

The telephone on this system provides for both internal and external calls by dialling. Installations, PABX 1 and 2, having 49 or 79 extensions, are rented from the G.P.O. Installations requiring a greater number of extensions are usually of the PABX 3 pattern which may be used for any number of automatic extensions: it is necessary to purchase the exchange equipment from telephone manufacturers. External calls may be obtained manually through the operator or by direct dialling on selected extensions.

Type PABX 4 system is a recent development of the PABX 3 system which is intended to reduce the number of operators and the floor space required. The capital and some maintenance costs are higher than for the PABX 3 system however and it is doubtful whether it has advantages for hospital use.

PMBX

This system is rented from the G.P.O. and can consist of any number of extensions but all calls must be made via the operator(s). Consequently, to save on the number of operators and their time, it is usually used in conjunction with a PAX system for internal calls.

PAX

This is an automatic dialling intercommunication system for internal extension calls only, though it may also serve buildings in close proximity through " tie " lines which are on rental from the G.P.O. It cannot be used for external calls.

PMBX + PAX

The overall cost of the two systems is probably less than that of the PABX 3, but two instruments are required, one for internal calls and one for external calls. Alterations to the internal system (PAX) can be made by hospital staff and the availability of two instruments is sometimes useful. One advantage is that the external telephones can be restricted to the staff who need them. Another is that outside calls are booked by the operator; this may be more important with the introduction of S.T.D. dialling.

135. Telephone operators usually operate the staff call system and have duties in connection with the fire alarm system.

Fire alarms and fire-fighting equipment

136. Information on fire alarms and extinguishers is given in B.S. Codes of Practice and in HM(56)36 on Hospital Fire Precautions. Advice on the fire-fighting installation proposed should be sought from the local fire authority.

APPENDIX

The tables are not intended to lay down staffing complements but are given as an illustration of typical conditions.

TABLE 1

Examples of accommodation recommended for district general hospitals having a points range normally applicable to hospitals with 300–800 beds.

A. Basic accommodation

(*a*) *General administration*

Type of room	*Minimum room size or area (sq. ft.)*	*Size of hospital*			
		0–9 points	*10–14 points*	*15–19 points*	*20 points and over*
		say 300 beds	*say 450 beds*	*say 600 beds*	*say 800 beds*
		Number of rooms and/or area			
(i) Hospital secretary's office ..	180	1	1	1	1
(ii) Office for hospital secretary's assistant	150	—	1	1	1
(iii) Matron's office	180	1	1	1	1
(iv) Deputy matron's office	150	1	1	1	1
(v) Head almoner's office	180	1	1	1	1
(vi) Engineer's office	180	1	1	1	1
(vii) Domestic superintendent's office	180	1	1	1	1
(viii) General offices:					
(*a*) *Assistants to above:*					
Assistant matrons	100/120 per person	1 (100/120 sq. ft.)	1 (200/240 sq. ft.)	2 (200/240 sq. ft. each)	3 (200/240 sq. ft. each)
Almoners		2*	4*	6*	7*
Engineers					
Assistant domestic superintendents of domestic forewomen		—	1	1	1
(*b*) Secretaries, typists and clerks	60 per person	540 sq. ft.†	660 sq. ft.†	840 sq. ft.†	1,020 sq. ft.†
(ix) Waiting space or rooms ..	100	2	2	3	4
(x) Interview room	120	1	1	1	1
(xi) Additional office	180	1	1	1	1
(xii) Committee room	400/600	1 (400 sq. ft.)	1 (400 sq. ft.)	1 (400 sq. ft.)	1 (600 sq. ft.)
(xiii) Medical staff common room ..	250/350	1 (250 sq. ft.)	1 (250 sq. ft.)	1 (300 sq. ft.)	1 (350 sq. ft.)
(xiv) (*a*) Staff library	200/300	1 (200 sq. ft.)	1 (200 sq. ft.)	1 (300 sq. ft.)	1 (300 sq. ft.)
(*b*) Patients' library	200/550	1 (200 sq. ft.)	1 (300 sq. ft).	1 (400 sq. ft.)	1 (550 sq. ft.)
(*c*) Bookstore	100/200	1 (100 sq. ft.)	1 (100 sq. ft.)	1 (200 sq. ft.)	1 (200 sq. ft.)
(xv) Staff changing rooms:					
(*a*) Medical staff	150‡	1	1	1	1
(*b*) Non-resident nursing staff ..	1,000‡	1	1	1	1
(*c*) Non-resident domestic staff and porters	750‡	1	1	1	1
(xvi) Sanitary facilities:					
Male	250†	1	1	1	1
Female	750†	1	1	1	1
(xvii) Female staff rest room(s) ..	100	1	2	2	2
(xviii) Non-resident nursing staff common room	250/350	1 (250 sq. ft.)	1 (250 sq. ft.)	1 (300 sq. ft.)	1 (350 sq. ft.)
(xix) Stores	60	1	1	1	1
(xx) Cleaners' room	50	1	1–2	1–2	1–2

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TABLE 2

A. Basic accommodation

(*b*) *Rooms related to main entrance*

Type of room	Minimum room size or area (*sq. ft.*)	Size of hospital: 0–9 *points* — *say* 300 *beds*	10–14 *points* — *say* 450 *beds*	15–19 *points* — *say* 600 *beds*	20 *points and over*Ø — *say* 800 *beds*
		Number of rooms and/or area			
(i) Central enquiry counter	60 per clerk	240 sq. ft.†	300 sq. ft.†	360 sq. ft.†	420 sq. ft.†
(ii) Telephone exchange	120/150	1 (120 sq. ft.)	1 (120 sq. ft.)	1 (150 sq. ft.)	1 (150 sq. ft.)
Apparatus room	180/300	1 (180 sq. ft.)	1 (180 sq. ft.)	1 (300 sq. ft.)	1 (300 sq. ft.)
(iii) Telephonists' rest room	100	1	1	1	1
(iv) Head porter's room	100	1	1	1	1
(v) Porters' room	100/180	1 (100 sq. ft)	1 (100 sq. ft.)	1 (150 sq. ft.)	1 (180 sq. ft.)
(vi) Wheelchair and trolley store ..	150	1	1	1	1
(vii) Postal sorting room	120	1	1	1	1
(viii) Shop	100	1	1	1	1
Store for shop	100	1	1	1	1
(ix) Public telephone booths		1	1	2	2
(x) Sanitary facilities for visitors:					
Male		1	1	1	1
Female		1	1	1	1

TABLE 3

A. Basic accommodation

(*c*) *Medical records*

Type of room	Minimum room size or area (*sq. ft.*)	Size of hospital: 0–9 *points* — *say* 300 *beds*	10–14 *points* — *say* 450 *beds*	15–19 *points* — *say* 600 *beds*	20 *points and over*Ø — *say* 800 *beds*
		Number of rooms and/or area			
(i) Reception counter	60 per clerk	—§	—§	—§	—§
(ii) Medical records officer's office ..	120	1	1	1	1
(iii) Records office and store:					
Clerks	60 per clerk	540 sq. ft.†	660 sq. ft.†	780 sq. ft.†	960 sq. ft.†
Files	250/650	250 sq. ft.	350 sq. ft.	475 sq. ft.	650 sq. ft.
(iv) Reading room and diagnostic index room	120	1	1	1	1
(v) Admission room for in-patients..	150	1	1	1	1
(vi) Sub-waiting space	100	1	1	1	1
(vii) Typists' room	60 per person	420 sq. ft.†	540 sq. ft. †	780 sq. ft.†	960 sq. ft.†
(viii) Sanitary facilities:					
Male		1	1	1	1
Female		1	1	1	1

NOTES (applying to Tables 1, 2 and 3)

* The numbers of rooms shown are a guide to the probable minimum requirements. Further rooms should be treated as additional accommodation.

† The individual areas are again a guide to the probable minimum requirements. Further space should be treated as additional accommodation. The area given for sanitary facilities includes that required for the staff changing rooms.

‡ The individual room sizes here are a guide to the probable minimum requirements. The areas given should be divided into male and female accommodation, depending on the ratio of male and female staff. Any changing rooms beyond these areas should be shown as additional accommodation.

§ This accommodation is included in Building Note No. 12 on Out-patient Department.

TABLE 4

A. Basic accommodation

(*d*) *Group headquarters*

Type of room	*Minimum room size or area (sq. ft.)*	*Size of group headquarters*		
		0–19 *points*	20–39 *points*	*40 points and over*ø
		Number of rooms and/or area		
(i) Group secretary's office	180/200	1 (180 sq. ft.)	1 (190 sq. ft.)	1 (200 sq. ft.)
(ii) Deputy secretary's office	150	1	1	1
(iii) Finance officer's office	150	1	1	1
(iv) Supplies officer's office	150	—	1	1
(v) Group engineer's office	150	1	1	1
(vi) Offices for senior assistants (*see* paragraph 80)	100 per person	100 sq. ft.	200 sq. ft.	300 sq. ft.
(vii) Office(s) for clerical staff, typists and personal secretaries (including general offices for engineers, salaries and wages, audit, accounts and costing, and supplies clerks)	60 per person	1,000 sq. ft.	2,000 sq. ft.	3,000 sq. ft.
(viii) Waiting space	100	1	1	1
(ix) Committee room	400	1	1	1
(x) Ante-room..	120	1	1	1
(xi) Duplicating room..	120/150	1 (120 sq. ft.)	1 (130 sq. ft.)	1 (150 sq. ft.)
(xii) Stores:				
(*a*) stationery store	60	1	1	1
(*b*) records ,, ...	200	1	1	1
(*c*) sample supply store	100	1	1	1
(xiii) Sanitary facilities:				
Male		1	1	1
Female		1	1	1

NOTE (applying to Tables 1, 2, 3 and 4)

ø The accommodation indicated in these columns is the maximum basic accommodation allowable.

Hospital Building Note No. 2.

Appendix E

Administrative Department

Hospital Building Note No. 18

The scales of accommodation and cost recommendations are applicable to administrative departments for district general hospitals.

A. Basic accommodation

(*a*) *General administration*

(i) Hospital secretary's office
(ii) Office for hospital secretary's assistant
(iii) Matron's office
(iv) Deputy matron's office
(v) Head almoner's office
(vi) Engineer's office
(vii) Domestic superintendent's office
(viii) General offices:
  (*a*) Assistants to above
  (*b*) Secretaries, typists and clerks
(ix) Waiting spaces (or rooms)
(x) Interview room
(xi) Additional office
(xii) Committee room
(xiii) Medical staff common room
(xiv) (*a*) Staff library
  (*b*) Patients' library
  (*c*) Bookstore
(xv) Staff changing rooms
(xvi) Sanitary facilities
(xvii) Female staff rest room
(xviii) Non-resident nursing staff common room
(xix) Stores
(xx) Cleaners' room
(xxi) Circulation space necessary for the above accommodation

(*b*) *Rooms related to the main entrance*

(i) Central inquiry counter
(ii) Telephone exchange and apparatus room
(iii) Telephonists' rest room
(iv) Head porter's room
(v) Porters' room
(vi) Wheelchair and trolley store
(vii) Postal sorting room
(viii) Shop and store
(ix) Public telephone booths
(x) Sanitary facilities for visitors
(xi) Circulation space necessary for the above accommodation

(*c*) *Medical records*

(i) Reception†
(ii) Medical records officer's office
(iii) Records office and store for medical records
(iv) Reading room and diagnostic index room
(v) Admission room for in-patients
(vi) Sub-waiting space
(vii) Typists' office
(viii) Sanitary facilities
(ix) Circulation space necessary for the above accommodation

(*d*) *Group headquarters*

(i) Group secretary's office
(ii) Deputy secretary's office
(iii) Finance officer's office
(iv) Supplies officer's office
(v) Group engineer's office
(vi) Offices for senior assistants
(vii) Office(s) for clerical staff, typists and personal secretaries (including general offices for engineers, salaries and wages, audit and accounts, stores accounts and costing, supplies).
(viii) Waiting space
(ix) Committee room
(x) Ante-room
(xi) Duplicating room
(xii) Stores:
  (*a*) Stationery store
  (*b*) Records store
  (*c*) Sample supply store
(xiii) Sanitary facilities
(xiv) Circulation space necessary for the above accommodation

B. Additional accommodation

(*a*) Offices
(*b*) Student almoners' room(s)
(*c*) Non-resident matron's sitting room
(*d*) Medical superintendent or resident medical officer's room
(*e*) Senior medical staff common room
(*f*) Bank
(*g*) Post office facilities
(*h*) Barbers' shop
(*i*) Hairdressers' shop
(*j*) Tea pantry(s)
(*k*) Male staff rest room
(*l*) Room for volunteer workers
(*m*) Duplicating room
(*n*) Secondary storage for non-current medical records
(*o*) Room for training domestic staff and servicing equipment
(*p*) Domestic forewoman's store
(*q*) Finance machine room (wages machines and power equipment)
(*r*) Printing machine room
(*s*) Strong room
(*t*) Cleaners' room
(*u*) Staff changing and sanitary facilities

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† The cost of this is not included in the Departmental Cost Allowance below (see paragraph 64 of text). If the cost has to be included in a particular case it should be calculated as for additional accommodation.

Circulation space

For the purpose of the provisional cost limit the area occupied by internal circulation space and internal walls and partitions represents, on average, the following percentage additions to the net floor area of the basic and additional accommodation in each of the undermentioned groups:

General administration	—52 per cent.
Rooms related to the main entrance	—30 per cent.
Medical records	—50 per cent.
Group headquarters	—50 per cent.

DEPARTMENTAL COST ALLOWANCES

1. Basic accommodation

Functional unit— a point

The number of points given to each hospital and each Group is determined in accordance with the Appendix to A.C. Circular No. 96.

The formula is expressed in terms of an administrative unit of £250 as follows:

(*a*) *General administration*

For the first 9 points	— Allow 227 units
For each additional point (up to a maximum of 11)	— Allow 8 units

(*b*) *Rooms related to the main entrance*

For the first 9 points	— Allow 42 units
For each additional point (up to a maximum of 11)	— Allow 1 unit

(*c*) *Medical records*

For the first 9 points	— Allow 54 units
For each additional point (up to a maximum of 11)	— Allow 4 units

(*d*) *Group headquarters*

For the first 19 points	— Allow 90 units
For each additional point (up to a maximum of 21)	— Allow 3 units

2. Additional accommodation

Cost of additional accommodation—Allow £5 0s. 0d. per square foot

Note: Engineering

The following engineering services are included in items 1(*a*), 1(*b*), 1(*c*), and 1(*d*) above and account for the percentages of the total costs tabulated below:

Space heating throughout

Extract ventilation to committee rooms

Hot, cold and drinking water

Gas and fire fighting services, lighting including lighting fittings, power, clocks, telephones, staff call and fire alarm systems.

1(*a*) General administration	— 20-22 per cent. approx.
1(*b*) Rooms related to main entrance	— 20-22 per cent. approx.
1(*c*) Medical records	— 16-18 per cent. approx.
1(*d*) Group headquarters	— 18-20 per cent. approx.

1(*c*) Where a mechanical hoist is required for transporting files (see A. (*c*) (iii)) the following allowances should be added to the cost allowances for medical records:

Mechanical hoist (two levels)	— Allow 3 units

The telephone exchange equipment and the fire alarm system control indicator equipment are EXCLUDED. When required these costs should be shown under "additional engineering."

Ministry of Health

The following titles in these series have been issued

Hospital Building Notes

1. Buildings for the hospital service	Out of print	
2. The cost of hospital buildings	4s 0d	(4s 6d)
3. The district general hospital	Out of print	
4. Ward units	Revision in preparation	
5. Short stay psychiatric unit	Revision in preparation	
6. Diagnostic X-ray department	Revision in preparation	
7. Accommodation for nursing staff	Out of print	
8. Physiotherapy department	Out of print	
9. Occupational therapy department	1s 3d	(1s 6d)
10. Kitchens	2s 0d	(2s 5d)
11. Dining rooms	1s 3d	(1s 8d)
12. Out patient department	1s 6d	(1s 11d)
13. Central sterile supply department	1s 6d	(1s 9d)
14. Training school for nurses	1s 6d	(1s 9d)
15. Pathology department	2s 0d	(2s 5d)
16. Boiler house and steam boiler plant	2s 0d	(2s 5d)
17. Deep plan (race track) ward units	2s 0d	(2s 5d)
18. Aministrative department	2s 9d	(3s 3d)
19. Department of medical photography and medical illustration	1s 9d	(2s 2d)
20. Mortuary and post-mortem room	1s 9d	(2s 2d)
21. Maternity department	4s 6d	(5s 0d)
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23. Children's ward	2s 6d	(2s 11d)
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9. Occupational therapy department	3s 0d	(3s 5d)
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11. Dining rooms	2s 0d	(2s 5d)
12. Out-patient department	5s 0d	(5s 6d)
14. Training school for nurses	3s 0d	(3s 5d)
15. Pathology department	5s 0d	(5s 6d)
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23. Children's ward	3s 6d	(4s 0d)
25. Laundry	2s 9d	(3s 2d)
31. Psychiatric ward (type 1)	2s 6d	(2s 11d)
32. Psychiatric ward (type 2) and pre-discharge (hostel type) ward	5s 0d	(5s 6d)

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Hospital Building Notes, Equipment Notes, Design Notes, Building Bulletins and Technical Memoranda

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